

# EXHIBIT F

**PORK INDIRECT PURCHASER LITIGATION****CLAIM FORM****INSTRUCTIONS**

This class action alleges Defendants and their co-conspirators conspired and combined to fix, raise, maintain, and stabilize the price of Pork products, as of January 1, 2009, with the intent and expected result of increasing prices of Pork products in the United States, in violation of federal and state consumer and antitrust laws. Defendants deny these allegations.

**You do not need to provide any documentation at this time. However, the Settlement Administrator may ask for additional information or documentation to support your claim.**

**CLAIMANT NAME\* (INDIVIDUAL OR BUSINESS NAME)**

**CONTACT NAME (IF DIFFERENT THAN CLAIMANT NAME)**

**CARE OF (IF APPLICABLE)**

**STREET ADDRESS\***

**FLOOR/SUITE**

<input type="text"/>	<input type="text"/>
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**CITY\***

**STATE\***

**ZIP\***

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**MOBILE PHONE NUMBER\***

**EMAIL ADDRESS\***

Please ensure you provide a current, valid email address and mobile phone number with your claim submission. If the email address or mobile phone number you include with your submission becomes invalid for any reason, it is your responsibility to provide accurate contact information to the Settlement Administrator to receive a payment. When you receive the email and/or mobile phone text notifying you of your Settlement payment, you will be provided with a number of digital payment options to immediately receive your Settlement payment. You will also at that time have the option to request a paper check.

You do not need to provide any documentation at this time. However, the Settlement Administrator may ask for additional information or documentation to support your claim.

1. Did you purchase one of the following Pork products for personal use in the United States from January 1, 2009, through April 2, 2021: pork loins, shoulders, picnics, butts, ribs, bellies, hams, legs, backloins, tenderloins, backribs, boneless loins, boneless sirloins, riblets, chef's prime, prime ribs, brisket, skirt, cushion, ground meats, sirloins tip roast, or hocks, bacon, sausage, lunch meats, further processed ham, or jerky products?

☐ Yes ☐ No

2. Did you purchase the Pork product while a resident of one of the following states: Arizona, California, District of Columbia, Florida, Hawaii, Illinois, Iowa, Kansas, Maine, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Mexico, New York, North Carolina, North Dakota, Rhode Island, South Carolina, Tennessee, Utah, Virginia, or West Virginia?

☐ Yes ☐ No

For the following questions, please limit your responses to only purchases made while a resident of one of the states listed in Question 2 above.

3. Are you filing this claim for yourself or for a business that you represent?

☐ Individual ☐ Business

4. In general, from Jan. 1, 2009 to April 2, 2021, did you purchase Pork products monthly during this entire period?

☐ Yes ☐ No

If Yes, what is your best estimate of how many packages of Pork products you purchased on a monthly basis?

Number of Pork Product Purchases

If No, what is your best estimate of THE NUMBER OF MONTHS you purchased PORK PRODUCTS?

Number of Months

What is your best estimate of how many packages of Pork products you purchased for the months that you purchased Pork products?

Number of Pork Product Purchases

5. For the months you purchased Pork products, what is your best estimate of how much that you spent per month?

\$ Per Month

**CERTIFICATION**

By signing this claim submission, I certify that the information included with this claim submission is accurate and complete to the best of my knowledge, information, and belief. If I am submitting this claim submission on behalf of a claimant, I certify that I am authorized to submit this claim submission on the claimant's behalf. I am, or the claimant on whose behalf I am submitting this claim submission is, a member of the Settlement Class, and am/is not subject to any of the exceptions to being included in the Settlement Class, such as being an employee of one of the Defendants. I agree and consent to be communicated with electronically via email and/or mobile phone text (message & data rates may apply). I agree to furnish additional information regarding this claim submission if requested to do so by the Settlement Administrator.

**SIGNATURE****DATE**

	<i>mm/dd/yyyy</i>
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Return this Claim Form to the Settlement Administrator by mail to:

Pork Indirect Purchaser Litigation  
c/o A.B. Data, Ltd.  
P.O. Box 173137  
Milwaukee, WI 53217